FILING DATE SERBAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. DER IND. DEP. MD. MD. DER IND. DEP. NO. DEP. TOTAL ļ _1 TOTAL IND. _1 TOTAL DEP. TOTAL CLAMES 23 33 TOTAL DEP. 22.7 3.5 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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